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CONFIRMATION NO. 2895

SERIAL NUMBER 10/766,760	FILING OR 371(c) DATE 01/27/2004 RULE	CLASS 435	GROUP ART UNIT 1637	ATTORNEY DOCKET NO. 49321- 117/OHSU#642.	
<b>APPLICANTS</b> Michael L. Klein, Portland, OR; Dennis Schultz, Portland, OR;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/443,214 01/27/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/15/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>                    </u> <u>                    </u> Examiner's Signature Initials		STATE OR COUNTRY OR	SHEETS DRAWING 14	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 5
<b>ADDRESS</b> 22504					
<b>TITLE</b> Gene mutation associated with age-related macular degeneration					
<b>FILING FEE RECEIVED 708</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		